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CONFIRMATION NO. 2816

SERIAL NUMBER 10/765,977	FILING OR 371(c) DATE 01/29/2004 RULE	CLASS 434	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 14431	
APPLICANTS Tracy Hall, Land O'Lakes, FL; <i>10</i>					
** CONTINUING DATA ***** <i>10</i>					
** FOREIGN APPLICATIONS ***** <i>10</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/12/2004 ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>10</i> Examiner's Signature _____ Initials _____		STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
ADDRESS 293					
TITLE Implement for speech therapy					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		